
DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND SYSTEMS FOR INTEGRATING
PROCESS MODELING AND PROJECT PLANNING**

The specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint the following practitioner(s), with full power of substitution and revocation, to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Terrence M. Brennan	42,360
Thomas J. Burton	47,464
Matthew M. Catlett	44,067
Jeffrey F. Craft	30,044
D. Andrew Floam	34,597
Brian J. Gill	46,727
John F. Griffith	44,137
Gregory B. Gulliver	44,138
Kevin W. Guynn	29,927
Jennifer H. Hammond	41,814
Marc E. Hankin	38,908
Raymond J. Ho	41,838
Michael Louis Kiklis	38,939
Lana M. Knedlik	42,748
Eric N. Kohli	43,726
Mark H. Krietzman	41,128
Michael T. Marrah	40,718
Brian R. McGinley	47,782
David R. Metzger	32,919
Michael A. Molano	39,777
John F. Nethery	42,928
Christopher P. Rauch	45,034
Francisco A. Rubio-Campos	45,358
Marina N. Saito	42,121
Alison P. Schwartz	43,863
Jordan A. Sigale	39,028
Vincent P. Tassinari	42,179
Upadhye, Shashank S.	48,209

SEND CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:

Marina N. Saito
SONNENSCHEIN NATH & ROSENTHAL
P.O. Box 061080
Wacker Drive Station, Sears Tower
Chicago, Illinois 60606-1080
(312) 876-8000
Customer Number 26263

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor: Dietrich Charisius

Inventor's Signature: _____

Date: _____

Country of Citizenship: Germany

Residence and Post Office Address: Gahlenbergerweg 26, 70186 Stuttgart Germany

Inventor: Jonathan Kern

Inventor's Signature: _____

Date: _____

Country of Citizenship: United States of America

Residence and Post Office Address: 2370 Allentown Rd., Quakertown, Pennsylvania 18951

Inventor: _____

Inventor's Signature: _____

Date: _____

Country of Citizenship: _____

Residence and Post Office Address: _____

Inventor: _____

Inventor's Signature: _____

Date: _____

Country of Citizenship: _____

Residence and Post Office Address: _____

Inventor: _____

Inventor's Signature: _____

Date: _____

Country of Citizenship: _____

Residence and Post Office Address: _____